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Bib Data Sheet

CONFIRMATION NO. 3087

<b>SERIAL NUMBER</b> 10/001,416	<b>FILING DATE</b> 11/15/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 80121-06507
<b>APPLICANTS</b> Steven A. Morse, Palo Alto, CA; Peter L. Callas, Redwood City, CA; Geoffrey Orth, Windsor, CA; Andrew Frazier, Redwood City, CA; Albert K. Chin, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/828,578 03/31/1997 PAT 5,984,937 <i>-L3NVS</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/27/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 00758				
<b>TITLE</b> Orbital surgical cannula and method				
<b>FILING FEE RECEIVED</b> 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	